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APPLICANTS

- Natan Sela, Rehovot, ISRAEL;
- Shmuel Bukshpan, Rehovot, ISRAEL;
- Michael Kardash, Rehovot, ISRAEL;
- Lior Cohen, Rehovot, ISRAEL;

** CONTINUING DATA *****

This application is a 371 of PCT/IL03/00016 *, 01/05/2003
 which claims benefit of 60/344,803 01/07/2002
 and claims benefit of 60/361,091 03/01/2002 *

(*Data provided by applicant is not consistent with PTO records.)

** FOREIGN APPLICATIONS *****

PCT/IL03/00016

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 5	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature Initials				

ADDRESS

Dean D Small
 Armstrong Teasdale
 Suite 2600
 One Metropolitan Square
 St Louis ,MO 63102

TITLE

System and method of mapping irregularities of hard tissue

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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